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OCT - 9 2009

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2009 - 428 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Kevin O Small

Telephone: 803-496-3499

Address: P O Box 894

Fax: 803-496-9434

Holly Hill SC 29059

Other: 803-860-3123

Email: smallhillyb@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☒ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☒ Request PLEASE expedite
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

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DOCKETING DEPT.
OCT 12 2009

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JBS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

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OCT - 9 2009

T.T.W.W.W

Phone: (803) 896-5100

Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCYDate: 10-7-09

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Kevin O. Small dba

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

KBM Transportation

111 Jacques Ln Holly Hill SC 29059
Street Address of Applicant

P O Box 894 Holly Hill SC 29059
Mailing Address of Applicant if different from street address

803-496-3499
Phone

803-496-9434
Fax

Smallhlyh@aol.com
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month Oct Year 2009

Assets:

Cash	- 0 -
Receivables	
Real Estate	- 0 -
Buildings and Equipment (Net)	- 0 -
Motor Vehicles (Net)	5600.00
Garage Equipment (Net)	- 0 -
Machinery and Tools (Net)	- 0 -
Supplies on Hand	- 0 -
Prepays and Other Assets	3000.00
Total Assets	8600.00
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	2000.00
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	9,200.00
Total Liabilities	11,200.00
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	\$ 2600.00

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

0-3 miles \$6.00	4-6 miles \$10.00	7-10 miles \$14.00	11-15 miles \$18.00	16-20 miles \$23.00	21-25 miles \$27.30	26-30 miles \$32.25
31-35 miles \$36.00	36-40 miles \$42.00	41-45 miles \$50.00	Over 45 miles \$50.00 + \$1.30 mile per trip			

Counties to be Served:

Orangeburg
Bamburg
Col Hun
Dorchestor

Maximum Number of Passengers per Vehicle:

~~15~~ 15
K.S.

DESCRIPTION OF EQUIPMENT

[illegible]

* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

KB & M TRANSPORTATION

Name of Motor Carrier

P.O. BOX 894 HOLLY HILL S.C. 29059

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 901.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	1,000,000 GR
Medical Payments per Person	\$ 1,000	5,000

98- Pontiac - Transport - VIN - 1G-MDX0356 WD 286180

98- Dodge - Caravan - VIN - 1B4GP54L 7W B554559

TAPCO Underwriters Co

Name of Insurance Company

PO Box 256, Burlington NC 27216

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10-6-09

Date

Betty S Gooden

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

KB & M TRANSPORTATION

Name of Motor Carrier

P.O. BOX 894 HOLLY HILL S.C. 29059

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 2439.00

The above quoted premium is for a term of 18 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	1,000,000 CSL
Medical Payments per Person	\$ 1,000	

98 - Pontiac Trans Sport VIN - 1GMDK0366ND286180

98 - Dodge - Caravan VIN - 1B4GP54L7WB554559

Columbia Ins Co.

Name of Insurance Company

3024 Harney St. Omaha Nebraska 68106

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10-6-09
Date

Betty S. Gerdner-Cox
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWAKB & M TRANSPORTATION
Name1913912
U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Orangeburg

Kevin Small
Applicant's Signature

I, Kevin D Small, Owner
Name of Applicant's Representative Title
of K-B & M Transportation,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Kevin Small
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 10th day of OCT, 2009

[Signature]
Notary Public

Commission Expires

5/11/2010